



**Target Range School District #23
Application for Certified Teaching Employment**

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or separation from employment.

Applicant Signature

Date

PLEASE TYPE OR PRINT CLEARLY USING A PEN

Name: _____

Social Security Number: _____ Birthdate: ____/____/____

Address: _____

Previous Name/s: _____

Home Phone No: _____

Other Phone No: _____

Specific position for which you are applying: _____

Other positions in which you are interested or for which you qualify: _____

Coaching / Advising Experience: _____

Do you hold a valid Montana Teaching Certificate? Yes ____ No ____

Folio #: _____ Class Level: _____

Grades covered by your certificate: _____

Expiration Date: _____

If Applicable:

Major area of preparation / endorsements: _____

Minor area of preparation / endorsements: _____

Instructions and Information

Please complete all pages of the application fully and legibly. Furnishing information on the Application is mandatory, unless otherwise stated.

- *In addition to the completed and signed Application*, please provide the following additional information:
 1. A letter of application specifying the applied-for position
 2. Professional resume which includes any academic preparation, experience and other specifically related qualifications
 3. Copies of transcripts of all college or university credits to date (official transcripts required upon hire)
 4. Minimum of three professional letters of recommendation (within the past five years)
 5. Evidence of Montana certification licensure
- An application may be submitted in person, by mail, or by fax. Applications must be received by the final filing date. Postmarks are not accepted.
- Applications and supporting materials will not be returned.
- Final candidates will be required to obtain a background check prior to employment.
- Finalist candidates will be contacted by the district.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you have the legal right to accept work in the United States? Yes____ No____
2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? Yes____ No____
3. Have you ever been released or discharged from employment or resigned to avoid such release or discharge?

Yes _____ No _____ If yes, please explain, include date of discharge or resignation and reason for discharge or resignation:

4. I hereby certify that (check the applicable box and provide the information requested):
_____ I have **not** pleaded guilty to or been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere (minor traffic offenses excepted).
_____ I have pleaded guilty to or been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration for employment)

REFERENCES

Please list current information for at least three and no more than five references below

<u>Name</u>	<u>Title</u>	<u>Phone (home and work)</u>

EDUCATION HISTORY

List from most recent to least recent attendance

<u>University / College</u>	<u>Degree</u>	<u>Completion Year</u>

Quarter credits completed beyond:

B.A. Degree _____

M.A. Degree _____

EMPLOYMENT RECORD

List your present or most recent employer first. Describe your employment history, accounting for all time during at least the past 15 years. You may include volunteer and paid experience. DO NOT substitute a resume. You may attach additional information.

Do you wish to be notified before we contact your current or previous employers?

Yes _____ No _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____

Equal Opportunity Employer

Each participating school district prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or sex when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or sex distinction. People of disability may request reasonable accommodation in the hiring process by contacting the school district personnel office.

Authorization to Release Employment Records

If employed by a participating school district, the applicant authorizes the school district to supply his/her employment record at the school district's sole discretion, in whole or part, to any prospective employer, government agency, or other party, when the school district's interest is deemed appropriate.

Drug Free/Tobacco Free Policies

Each of the participating school districts are drug free, tobacco free schools and, as such, require all employees to adhere to specific drug free, tobacco free policies.

Acknowledgment

I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the Personnel/Human Resources Department, and fully approved by the (superintendent/board) or designated authorized representative. Further, I have read and understand the above policies of employment. If employed by a participating school district, I agree to abide by these policies of employment.

Applicant

Date

District Use Only

Date Completed Application Received _____

App. Letter ___ Resume ___ Transcripts ___ Certificate ___

Background Check: Form received _____ Date requested _____ Date received _____

Hiring personnel review record – please initial and date when reviewed:

Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____

Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____

AFFIRMATIVE ACTION INFORMATION

State law requires employers to keep records on the race and gender of applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be filed separately from all of your other employment records. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Complete the following information and return it with your completed application to the applicable school district office/s.

Date: _____

Sex: Male _____ Female _____

Age: _____

Position applied for:

Ethnic group

Check one of the following:

- ALASKA NATIVE – A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- AMERICAN INDIAN – A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- ASIAN AMERICAN – A person having origins in any of the original people of the Indian Subcontinent, the Pacific Islands, or the Far East; for example, China, Japan, Korea.
- BLACK – (not of Hispanic origin) – A person having origins in any of the Black racial groups of Africa.
- FILIPINO – A person having origins in any of the original peoples of the Philippine Islands.
- SPANISH AMERICAN – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE – (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North America, or the Middle East.

OTHER – Specify

VETERAN'S EMPLOYMENT PREFERENCE FORM

Name: _____ Social Security Number: _____

Position Applied For: _____
Job Title Position No. Department Name

To claim preference under the **Montana Veterans' Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the district will have this information placed in a separate confidential file.

Veterans' Employment Preference provides the addition of 5% points (veteran) or 10% points (disabled veteran) to the applicant's score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a scored procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order, over any non-preferred applicant holding substantially equal qualifications.

To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

A Veteran, if

- 1. you have been separated under honorable conditions,
AND
- 2. you have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

A Disabled Veteran, if

- 1. you have been separated under honorable conditions from active duty,
AND
- 2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him/her from working.

The un-remarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if

- 1. THE VETERAN died under honorable conditions while serving in the Armed Forces, **OR** THE VETERAN has a service-connected, permanent, and total disability,

AND
- 2. YOUR SPOUSE is totally and permanently disabled, **OR** YOU are the un-remarried widow of the father of the veteran.

In the box below, check the attachment you have included to document the preference request.

Other: _____

SIGNATURE: _____ **DATE:** _____

**APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD
PROTECTION ACT OF 1993 AS AMENDED BY THE VOLUNTEERS FOR
CHILDREN ACT**

(This document consists of two pages)

To _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to (write in Agency or Entity name) _____ for the position of (please be specific) _____.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act(VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer, (b) by which you are employed or serve as a volunteer, or (c) which requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. These fingerprints will be used to conduct a search of FBI criminal history records. The entity conducting this background check may use the resulting record only for the authorized purpose(s) and will not retain or disseminate it in violation of federal statute, regulation, or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. If agency policy permits, its officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the entity policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks> or by contacting Montana Criminal Records and Identification Services at PO Box 201403, Helena MT 59620. 28 CFR, 16.30 through 16.34.
5. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

